

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445389	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/25/2011
NAME OF PROVIDER OR SUPPLIER CLEVELAND CARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2750 EXECUTIVE PARK PLACE CLEVELAND, TN 37312		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 025 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure smoke barrier fire ratings are maintained.</p> <p>The findings include:</p> <p>Observation on April 26, 2011 at 2:00 p.m. revealed numerous penetrations in the corridor walls above the ceiling at patient room 401.</p>	K 025	<p>1) Penetrations were sealed in the corridor walls above the ceiling at room 401 by the Assistance Director of Maintenance on 5-4-11.</p> <p>2) Audit of facility was completed to identify other areas of penetrations. Aberrances were corrected immediately. This audit was completed by the Director of Maintenance and the Assistant Director of Maintenance on 5-6-11.</p> <p>3) Penetration audit will be added to the monthly preventive maintenance log.</p> <p>4) Audits will be reviewed quarterly by the Quality Assurance Committee to include the Director of Nursing, the Assistant Director of Nursing, the MDS Coordinators, Staff Development Coordinator, Treatment Nurse, Administrator, Medical Director, Social Services, Dietary Manager and Activities Director for further recommendations</p>	5-19-2011	
K 052 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p>	K 052	<p>1) The newly installed fire alarm wiring was secured in the 100, 200, 300 and 400 halls ceiling by the Director of Maintenance on 4-29-11.</p> <p>2) Audit was completed on the fire alarm wiring by the Director of maintenance on 5-6-11. Aberrance will be corrected immediately.</p> <p>3) The Director of Maintenance will review and sign off on work performed by contractors prior to completion of job. This will be place in folder prior to approval by the Administrator.</p> <p>4) The contractor's sign off log will be reviewed quarterly by the Quality Assurance Committee to include the</p>	5-19-2011	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Shirley Thompson

EW Administrator

5-4-2011

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445369	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/25/2011
NAME OF PROVIDER OR SUPPLIER CLEVELAND CARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2750 EXECUTIVE PARK PLACE CLEVELAND, TN 37312		
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K 052	Continued From page 1	K 052	Director of Nursing, the Assistant Director of Nursing, the MDS Coordinators, Staff Development Coordinator, Treatment Nurse, Administrator, Medical Director, Social Services, Dietary Manager and Activities Director for further recommendations	5-19-2011	
K 062 SS=D	<p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure the fire alarm system is installed and properly maintained throughout the facility.</p> <p>The findings include:</p> <p>Observation on April 26, 2011 at 10:40 a.m. revealed the newly installed fire alarm wiring was installed above the ceiling in 100, 200, 300, and 400 halls unsecured to the building structure and was laying on top of the drop in ceiling.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure the automatic sprinkler system riser room is maintained and in a reliable operating condition.</p> <p>The findings include:</p> <p>Observation on April 26, 2011 at 9:45 a.m. revealed numerous housekeeping carts stored in the sprinkler riser room blocking access to the system.</p>	K 062	<p>K 062</p> <p>1) Housekeeping carts were immediately removed from the sprinkler system riser room by the Director of Maintenance on 4-26-11.</p> <p>2) Director of Maintenance reviewed all items within the sprinkler system riser room on 4-26-11 and aberrances were corrected immediately.</p> <p>3) The Director of Housekeeping in-serviced the housekeeping staff on new storage location for the housekeeping carts on 4-29-11. Audit will be done by the Director of Housekeeping to ensure compliance with storage location weekly. Aberrances will be corrected immediately.</p> <p>4) Audits will be completed weekly for 4 weeks, than monthly for four months and the quarterly. These audits will be reviewed quarterly by the Quality Assurance Committee to include the Director of Nursing, the Assistant Director of Nursing, the MDS Coordinators, Staff Development Coordinator, Treatment Nurse, Administrator, Medical Director, Social Services, Dietary Manager and Activities Director for further recommendations</p>		